

TI Management of ribavirin treatment in renal insufficiency and dialysis.  
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AB Background: Standard therapy for chronic hepatitis C (HCV) is  
 interferon-alfa and ribavirin for 6-12 months, but ribavirin is  
 contraindicated in renal insufficiency due to fear of side-effects. Aim:  
 To study if ribavirin can be added to interferon-alfa when treating  
 dialysis patients as well as renal insufficient patients with HCV.  
 Material and methods: 5 dialysis patients with HCV, all genotype 1, were  
 treated for 4 weeks with interferon-alfa-2b 3 MU thrice weekly whereafter  
 ribavirin at a low dose was added for a total treatment of 28 weeks. 3  
 other patients, 1 HCV related glomerulonephritis and 2 kidney  
 transplanted  
 patients were treated with ribavirin monotherapy, creatinine clearance  
 varying from 10-30 ml/min. Ribavirin plasma concentration was monitored  
 with a HPLC method. Results: 3 dialysis patients completed the treatment,  
 1 terminated treatment due to interferon side-effects, 1 developed heart  
 failure and died after 14 weeks of treatment, but this was not considered  
 treatment related. 2 monotherapy patients have been treated for 9-18  
 months, whereas 1 stopped due to compliance problems. Initially ribavirin  
 doses were frequently adjusted according to plasma concentration. The  
 dialysis group reached steady-state with average daily doses of 170-300  
 mg  
 ribavirin, the other patients with 200-600 mg. Ribavirin induced anemia  
 was managed with low-dose iron as well as erythropoietin, in dialysis  
 patients 20000-30000 IU/week, in renal insufficiency 4000-8000 IU. 4/5  
 dialysis patients became HCV-RNA negative during treatment but relapsed  
 post-treatment. Conclusion: The results indicate that ribavirin can be  
 used in renal insufficiency and dialysis. However, this requires reduced  
 ribavirin doses as well as close monitoring of ribavirin concentrations.  
 Ribavirin induced anemia can be managed with erythropoietin.

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